Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION

Account Number : I20190000007 Phone : (786)845-8854 Fax Number : (321)473-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. M&C PROPERTY AND MORE LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

COVER LETTER

TO:	New Filing Se Division of Co			
SUBJE		OPERTY AND MORE LLC		
		Name of Lin	nited Liability Company	
The enc	losed Articles of	f Organization and fee(s) are	submitted for filing.	
Please re	eturn all corresp	ondence concerning this ma	tter to the following:	
	JESSICA T	ORRES		
		···········	Name of Person	
	TAX CARE	CELEBRATION		
	<u> </u>		Firm/Company	
	1400 NW 16	07TH AVE STE 203		
			Address	
	SWEETWA	TER FL 33172		
	JESSICA.TO	Ci RRES@TAXCAREINC.CO	ity/State and Zip Code OM	
			for future annual report notifica	tion)
For further	r information co	oncerning this matter, please	call:	
	JESSICA TO	ORRES 780	6 845-8854	
	Nan		ea Code Daytime Telephor	ne Number
Enclosed	l is a check for t	he following amount:		
■\$125.	00 Filing Fce	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ng Address iling Section	Street Address New Filing Section D	Division

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

2021 MAR | 7 PH | 2: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Mu	st contain the words "Limited Liab		
		ollity Company, ".	L.L.C.," or "LLC.")
FICLE II - Address: mailing address and a	street address of the principal office	e of the Limited I	Liability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
1738 WOODI	AND AVE	1738	WOODLAND AVE
		1777100	F PALM BEACH FL 33415
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rompany cannot serve as its own Register an active Florida registration.) street address of the registered age	Registered Agent gistered Agent. Y	's Signature:
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rempany cannot serve as its own Regith an active Florida registration.) street address of the registered age	legistered Agent gistered Agent. Yo ent are:	's Signature:
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rempany cannot serve as its own Registration.) street address of the registered age	legistered Agent gistered Agent. Yo ent are:	's Signature:
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rempany cannot serve as its own Registration.) street address of the registered age	Registered Agent gistered Agent. Your cnt are:	's Signature:
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rompany cannot serve as its own Registration.) street address of the registered age ANGIE MARINA DORA	Registered Agent gistered Agent. You ent are: ADO OCAMPO ame	r's Signature: ou must designate an individual or
TICLE III - Register Limited Liability Co her business entity w	ed Agent, Registered Office, & Rempany cannot serve as its own Registration.) street address of the registered age ANGIE MARINA DORA No. 4740 WEYMOUTH ST	Registered Agent gistered Agent. You ent are: ADO OCAMPO ame	r's Signature: ou must designate an individual or

(CONTINUED)

Δ	RTICI	Ľ,	IV_{-}

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGRM	JOSE ANTONIO ALABARES VAZQUEZ
TANGE OF THE PARTY	1417 S H ST
	LAKE WORTH FL 33460
MCDM	ALVERO CLOTTO GLERRY A
MGRM	SANDRO CASTRO CARRILLO 1738 WOODLAND AVE
	WEST PALM BEACH FL 33415
MGRM	MARIA DEL PILAR ARBELAEZ
	1738 WOODLAND AVE
	WEST PALM BEACH FL 33415
MODA	GOVERNOO CONDUCTOR OF THE CONTROL OF
MGRM	CRESENCIO SIERRA HERNANDEZ 1531 DREXEL RD LOT 165
	WEST PALM BEACH FL 33417
	· ·
(Use attachment if necessary)	* Additional Attached.
(If an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	
ARTICLE VI: Other provisions, if any.	
ARTRIE VI, Ouet provisions, it any.	
REQUIRED SIGNATURE:	
This document is exect I am aware that any fall	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
MARIA DEL P	ILAR ARRELAEZ

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021 MAR | 7 PM |2: 25

ARTICL	E IV-	CONTI	WITED)

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
MGRM	ANGIE MARINA DORADO OCAMPO
	4740 WEYMOUTH ST
	LAKE WORTH FL 33463